

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028667

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6997 STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY                                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>   |   | Length of stay in 1b<br><u>12 days</u>  | c. CITY OR TOWN <u>St. Louis</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>8547 E. Gilmore Avenue</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Arnold W. Giese</u>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>July 16, 1962</u>  |
| 5. SEX<br><u>male</u>   | 6. COLOR OR RACE<br><u>white</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>3-14-1898</u>  |
| 9. AGE (last birthday)<br><u>64</u>   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Painter</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>McCabe-Powers Co</u>  | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Missouri</u>  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |   | 13a. FATHER'S NAME<br><u>Rudolph Giese</u>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Anna</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Edna T. Giese</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, No or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>[REDACTED]</u>  |   |
| 17. INFORMANT<br><u>Mrs. Edna T. Giese, 8547 E. Gilmore Ave</u>   |   | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u><br>DUE TO (b) <u>Arteriosclerotic Heart Disease</u><br>DUE TO (c) <u>420.0</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   |   |
| PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |   |   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE  |   |
| 21. I attended the deceased from <u>7/10/62</u> to <u>7/16/62</u> and last saw him alive on <u>7/15/62</u><br>Death occurred at <u>6:45</u> <u>9</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE<br>(Degree or title)<br><u>Robert Blashnick M.D.</u>   |   | 22b. ADDRESS<br><u>3720 Washington</u>  | 22c. DATE SIGNED<br><u>7/16/62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>July 19, 1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u>   | 23d. LOCATION (City, town, or county)<br><u>St. Louis County, Missouri</u>  |
| 24. FUNERAL DIRECTOR<br><u>Math Hermann &amp; Son, Inc., 2161 E. Fair Av</u><br><u>St. Louis, 7, Missouri</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>JUL 17 1962</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Robert Smith, M.D.</u>  |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. G. Bunsley

Licensed Embalmer No. 4282

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.